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ABSTRACT

Deinstitutionalization refers to the provision of care for psychiatrically-disabled individuals within the community, rather than in institutions. Thus far, evaluation of vocationally oriented psychosocial rehabilitation programs developed to substitute for institutions have failed to assess reasons for dropping out of or refusing to participate in these programs. To identify factors which are likely to contribute to the chronically emotionally disabled client's premature termination or refusal to participate in a psychosocial rehabilitation program, chronically emotionally disabled adults (N=38) who were invited to participate in a vocationally oriented psychosocial rehabilitation program completed measures of self-concept, overall level of psychopathology, expectancy for success in the program, and aspects of psychosocial functioning. Individuals who refused participation in the program (Refusers) were compared with those who dropped out within 2 months (Dropouts) and those who participated in the program for 6 months (Remainers). Statistical analyses showed that expectancy of positive change was not related to dropout. Refusers perceived themselves as receiving less help and support from friends than the Dropouts or Remainers, and individuals who perceived themselves as receiving more social support tended to have a better self-concept and were better satisfied with their current living situation. The high combined rate of Refusers and Dropouts (44%) suggests that rehabilitation programs are not serving the needs of a sizable proportion of the client population. (WAS)

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Factors Contributing to Dropout in a Psychosocial Rehabilitation Program for the Chronically Emotionally Disabled

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Factors Contributing to Dropout in a Psychosocial Rehabilitation Program for the Chronically Emotional Disabled
(Under the direction of DEBORAH RICHARDSON)

Thirty-eight chronically emotionally disabled adults invited to participate in a vocationally-oriented psychosocial rehabilitation program in Raleigh, North Carolina served as subjects in this investigation of factors relating to treatment dropout. Individuals who were invited to participate in the program but who refused to do so (Refusers) were compared with those who initially agreed to participate but who dropped out within two months (Dropouts) and with those who remained active participants for at least six months (Remainers). Measures of self-concept, overall level of psychopathology, expectancy for success through participation in the program, and various aspects of psychosocial functioning were obtained for each subject. Refusers were found to perceive themselves as receiving less help and support from friends than did either Dropouts or Remainers. Individuals who perceived themselves as receiving a greater degree of social support also tended to have a better self-concept and to be better satisfied with conditions in their current

living situation. It was suggested that the high level of social interaction required by psychosocial rehabilitation programs might be a deterrant to participation for individuals who view themselves as socially isolated/alienated. Several programmatic and methodological flaws were suggested as possible contributors to the small number of significant results obtained.

INDEX WORDS: Deinstitutionalization, Dropout, Psychosocial Rehabilitation, Chronically Emotionally Disabled.

Introduction

"Deinstitutionalization" is a concept which has grown out of the community mental health movement in the last two decades. There has been a growing trend to provide care for the psychiatrically-disabled individual within his/her own community. Vocationally-oriented psychosocial rehabilitation programs have been developed throughout the country to serve as a substitute to the institution. Evaluations of the effectiveness of such programs have thus far failed to include assessment of the "drop-out phenomenon". This unwillingness to participate or failure to complete treatment programs has been widely documented in a variety of adult outpatient settings (Baekeland & Lundwall, 1975; Eiduson, 1968; Garfield, 1971; Lorr, Katz, & Rubinstein, 1958; Rosenthal & Frank, 1958). This study was designed to facilitate the identification of factors which are likely to contribute to the chronically emotionally disabled client's premature termination or refusal to participate in a psychosocial rehabilitation program.

Method

Thirty-eight chronically emotionally disabled adults invited to participate in a vocationally-oriented psychosocial rehabilitation program in Raleigh, North Carolina (Spectrum House) served as subjects in this investigation Subjects ranged in age from 20 to 55, with a mean age of 32.59. Fifteen women and twenty-three men participated. Sixteen of the participants were black and twenty-two were white. Twenty-eight of the thirty-eight subjects were unmarried.

Individuals who were invited to participate in the program but who refused to do so (Refusers) were compared with those who initially agreed to participate but who dropped out within two months (Dropouts) and with those who remained active participants for at least six months (Remainers). All subjects were asked to complete a series of questionnaires either at the Trentman Community Mental Health Center or at Spectrum House within two weeks of the initial invitation. Measures of self-concept (the Tennessee Self-Concept Scale), overall level of psychopathology, expectancy for success through participation in the program, and various aspects of psychosocial functioning (the Oregon Quality of Life Measure) were obtained for each subject.

Results

Data were analyzed by a variety of methods: Analyses of Variance, Square Analyses, and Pearson Product Moment Correlations. Information was obtained on a total of twenty-two dependent measures (see Table 1). Contrary to the advanced hypothesis, expectancy of positive change was not found to be related to dropout for any of the three subject groups. Refusers were found to perceive themselves as receiving less help and support from friends than did either Dropouts or Remainers. Individuals who perceived themselves as receiving a greater degree of social support also tended to have a better self-concept and to be better satisfied with conditions in their current living situation.

Conclusions

The high rate of refusal to participate, in addition to the dropout rate (44%), is a significant consideration in the evaluation of psychosocial rehabilitation programs. Such programs are clearly not serving the needs of a sizable proportion of the client population. It was suggested that the high level of social interaction required by such programs might be a deterrant to participation for individuals who view themselves as socially isolated/ alienated. Continued program evaluation will be essential if mental health care providers desire to provide services which are of most relevance and importance to the clients they are attempting to serve.

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Table 1

Descriptive Data

	Mean	Range
Age	32.39	20-55
Sex	15 Female 23 Male	
Groups	11 Refusers 12 Dropouts 15 Remainers	
Educational Level	10 No high school diploma 13 Completed high school 12 Some college 3 College graduate and some post-college education	
Marital Status	28 Unmarried 4 Married 5 Divorced 1 Separated	
Employment Status	31 Unemployed 2 Transitional Employment Placements 2 Part-time employment 1 Full-time employment 2 Data unavailable	
Living Arrangement	3 Group home 26 Supervised apartment/family home 2 Minimally supervised apartment 7 Independent home or apartment	

TABLE 2
GROUP MEANS FOR DEPENDENT MEASURES

	Refusers	Dropouts	Remainers	Statistical Value	P Value
Expectancy Measures					
Expectancy for Success	5.82	5.17	5.00	F=0.75	n.s.
Perceived Importance of Employment	4.73	5.50	6.20	F=1.68	n.s.
Psychological Measures					
Total Positive	320.81	311.75	330.07	F=0.40	n.s.
Number of Deviant Signs	35.00	58.00	52.71	F=2.96	p<.07
Self-Criticism	33.09	33.67	33.71	F=0.03	n.s.
Psychosocial/Demographic Measures					
Age	32.09	34.9	30.6	F=0.87	n.s.
Number of Children	0.36	1.58	0.20	F=3.81	p<.03
Perceived Adequacy of Present Income	1.72	1.08	2.07	F=2.04	n.s.
Perceived Adequacy of Future Income	1.82	1.75	2.20	F=0.61	n.s.
Satisfaction with Living Arrangement	3.45	2.29	3.23	F=3.07	p<.05
Perceived Support from Family	3.55	3.20	3.14	F=0.59	n.s.
Perceived Support from Friends	2.00	2.70	2.79	F=1.69	n.s.
Perceived Support from Community	2.09	2.30	2.21	F=0.10	n.s.
Number of Interpersonal Contacts	2.64	3.30	3.29	F=1.55	n.s.
Educational Level	2.00	2.33	2.20	X^2=10.66	p<.09
Employment Status	2.11	1.00	1.27	X^2=12.46	p<.05
Living Arrangement	3.18	3.59	3.27	X^2=7.83	n.s.
Marital Status	1.45	1.83	1.13	X^2=9.95	n.s.
Yearly Income	2.60	1.64	1.93	X^2=10.36	p<.04
Access to Adequate Transportation	4.10	3.18	2.60	X^2=13.92	n.s.
Frequency of Contacts with Friends	2.18	2.27	2.27	X^2=1.40	n.s.
Number of Hobbies	1.73	1.33	2.00	X^2=5.24	n.s.